

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-042243
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 1708 Registrar's No. 1708

FILED NOV 26 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WILLARD		c. CITY OR TOWN WILLARD	
Length of stay in 1b 6 YRS.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROUTE # 2		d. STREET ADDRESS (If outside, give location) ROUTE # 2	
3. NAME OF DECEASED (Type or print) First Middle Last LEE A. DONNELL		4. DATE OF DEATH Month Day Year NOV. 16 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/12/90
9. AGE (last birthday) 72		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED TOURIST COURT OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY SPRINGFIELD, MO.	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME FRANCIS MARTON DONNELL		13b. MOTHER'S MAIDEN NAME MARTHA JANE WILLIAMS	
14. NAME OF HUSBAND OR WIFE MARY F. DONNELL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address MARY F. DONNELL, WILLARD, MO.	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound in chest		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Apparently took his life by firing	
20c. TIME OF INJURY Hour Month, Day, Year approx 6:20 P.M. 11/16/62	a pistol shot into hes chest		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in his home	20f. CITY, TOWN, OR LOCATION Willard Rt.2, Greene	STATE Missouri
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at Approx 6:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Delph H. Plummer County Coroner		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 11/18/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/20/62	23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 11-21-62	26. REGISTRAR'S SIGNATURE Effie S. Meeter

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thurman T. Swadlow

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo.

*Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit
11-20-62